

# Foster Family Home - Corrective Action Report

Provider ID: 1-586232

Home Name: Lucretia Agtarap, CNA

Review ID: 1-586232-6

94-1286 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/8/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 6/8/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 9/26/19 and renewed on 10/16/19. CG#3's lapsed on 3/10/19 and renewed on 4/18/19; CG#4's APS/CAN/Fingerprint lapsed on 2/17/19 and renewed on 2/27/19; CG#5 APS/CAN lapsed on 3/17/19 and renewed on 3/20/19 and Ecrim expired on 2/6/19 and renewed 2/7/19.  
HHM#4, HHM#5, HHM#6, HHM#7 all have no APS/CAN seen in home binder. HHM#8 without Ecrim seen in home binder.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(1)- No non-skid mat/rug seen in clients' shower.

49.(a)(4)- Emergency exit door near the living room area is obstructed with construction materials, step ladder, hospital bed part, miscellaneous household items; wheelchair unable to pass through in the event of an emergency.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1. One medication was not available- has MD order and is listed in the Medication Administration Record; CG#1 had been signing as administered. Four medications were expired- 2/2020, 7/2019, 12/2019, and 2/2020.

*Maribel Nakamine, RN*

Compliance Manager

Date

*5/8/2020*

*Lucretia Agtarap*

Primary Care Giver

Date

*5/8/2020*

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Lucretia A. Agtarap

(PLEASE PRINT)

CCFFH Address: 94-1286 Huakai Street Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1), (2)	For CG #1, showed the CTA compliance manager the current APS/CAN/Fingerprint and eCrime. For CG#2, CG#3, CG#4, CG#5, during home inspection, documents were in the home binder.  For HHM #4, HHM #5, HHM #6, HHM #7, HHM #8 have all obtained their current APS/CAN/Fingerprint and eCrim. Documents were filed in home binder.	5/8/20	Home will use an iPhone calendar to schedule due date alerts 2-3 months in advance to prevent future lapses.
49(a) (1)	CG #1 purchased mat/rug and placed in client shower bathroom.	5/10/20	Purchased 2 mat/rug in order to have extra for future use.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 5/27/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Lucretia A. Agtarap

(PLEASE PRINT)

CCFFH Address: 94-1286 Huakai Street Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49(a) (4)	Emergency exit door near living room area was cleared of all materials that were obstructing the pathway.	5/9/20	Emergency exit door must always be clean and have no obstructed materials in order to pass through in the event of emergency.
54(c) (5)	Medication discrepancies was corrected by client's #1 CMA, MD and CG#1 on client's medication administration record.	5/12/20	Caregiver #1 and all substitute caregivers must look at all the "medication administration records" and bottles to ensure they both match everytime before giving medication. Home will immediately notify CMA, pharmacy, and Doctor if they are different or expired

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 5/30/20

☒ CTA has reviewed all corrected items